Chapter 7

Division Support Medical Company

ORGANIZATION AND MISSION

7-1. The division support medical company (DSMC) has the overall mission of providing Echelon I and II combat health support (CHS) to units located in the division support area (DSA) and division rear areas. It provides command and control (C2) for organic elements and attached medical units. The DSMC is dependent on appropriate element of the corps and division for patient evacuation (including air ambulance), CHS operations planning, guidance, legal, finance, and personnel and administrative services. It is also dependent on the headquarters and headquarters detachment of the division support battalion (DSB) for food service and religious support. The DSMC is organized into a

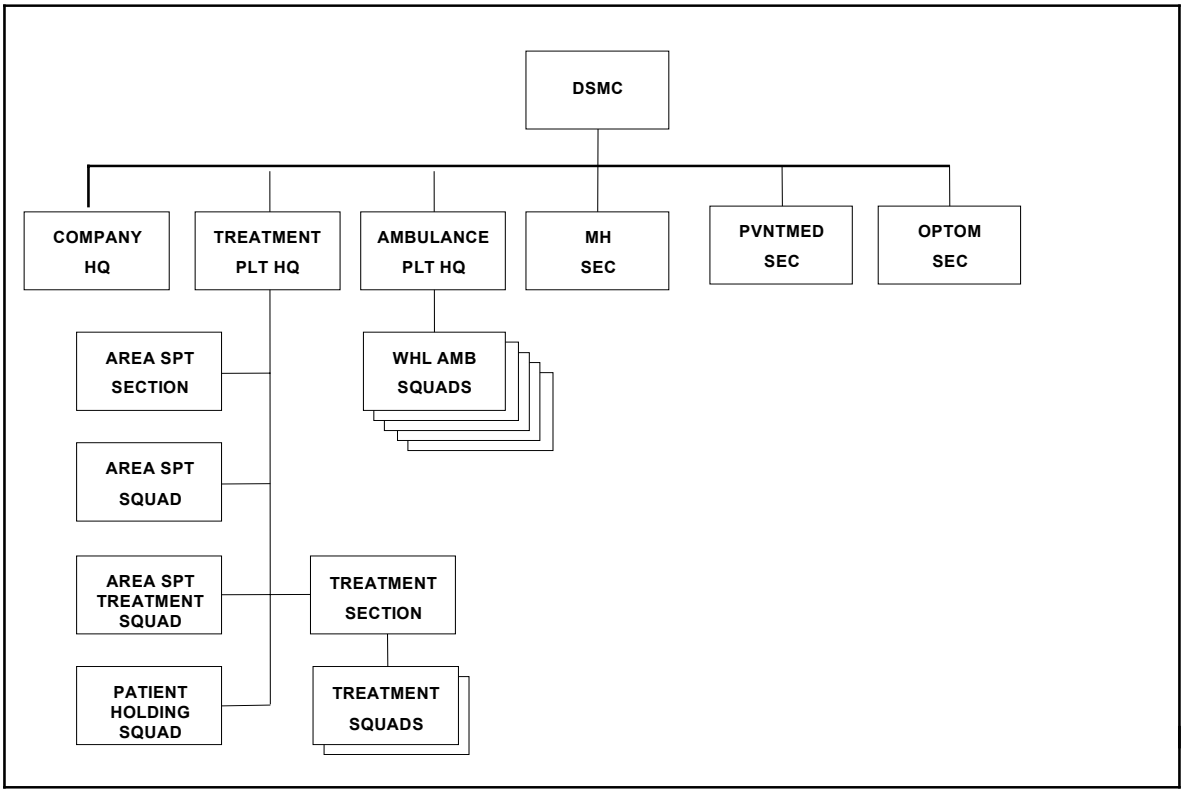

Figure 7-1. Division Support Medical Company.

company headquarters, a treatment platoon, an ambulance platoon, an optometry section, a preventive medicine (PVNTMED) section, and a mental health (MH) section.

PLATOON/SECTION FUNCTIONS

COMPANY HEADQUARTERS

7-2. The company headquarters is organized into a command element, a supply element, a maintenance element, and an operations and communications element. The company headquarters provides C2 for the company and other medical units/elements that may be attached. It also provides general and medical supply (MEDSUP)/resupply, arms maintenance, nuclear, biological, and chemical (NBC) operations, and communications-electronic (CE) support to organic and attached elements. For communications, the company headquarters employs amplitude modulation (AM) and frequency modulation (FM) tactical radios and a manual switchboard. Personnel of this section supervise unit operations, general supply, MEDSUP, communications, and power-generation operations.

Command Element.

7-3. The command element is responsible for providing billeting, security, training, administration, and discipline for assigned personnel. This element provides C2 of its assigned and attached personnel. It is typically staffed with a company commander, a field medical assistant/executive officer (XO), and a first sergeant (1SG).

Supply Elements

7-4. The supply elements include general and medical supply. These two elements provide Class VIII resupply, medical equipment repair, general supply and armorer support for the DSMC's organic platoons/sections and attached medical units. See Field Manual (FM) 8-10-9 for definitive information of Class VIII resupply operations and FMs 10-14 and 10-14-1 for definitive information on unit supply operations and property accountability.

Operations and Communications Element

7-5. The operations and communications element plans, coordinates, and trains NBC defense functions. It operates the company switchboard and serves as the company net control station (NCS) for the DSMC's operations nets' FM and AM radios. This element also performs unit-level maintenance on all CE equipment.

Maintenance Element

7-6. This element provides unit-level maintenance for wheeled vehicles, power generators, and quartermaster and chemical equipment assigned to the DSMC.

Vehicle Maintenance

7-7. All light-wheeled vehicle mechanics and the heavy-wheeled vehicle mechanic are under the technical supervision of the motor sergeant and the DSMC's senior light-wheeled vehicle mechanic. These personnel perform organizational maintenance and services and repairs on the gasoline and diesel-fueled, light and heavy-wheeled vehicles of the company and attached units.

Power Generator Repair

7-8. A power generator equipment repairer performs unit-level maintenance functions. Generator maintenance performed at the DSMC will include:

- Servicing and scheduling maintenance.
- Inspecting equipment and determining category of maintenance and extent of repairs required.
- Repairing tactical utility and precise power-generation equipment.
- Maintaining maintenance records on all power-generation equipment.

Employment of the Division Support Medical Company

7-9. The DSMC locates with the DSB in the DSA. The DSMC participates in the initial reconnaissance of a new setup area and assists with site selection for establishment of the DSMC. Treatment teams from the DSMC may deploy as required to the geographical locations of supported units. The DSMC headquarters element coordinates for convoy clearances and security for the movement of treatment teams through the DSB support operations section.

7-10. Site selection is an important factor impacting on the accomplishment of the DSMC’s missions. Improper site selection can result in inefficiency and possible danger to unit personnel and patients. For example, if there is insufficient space available for ambulances to turnaround, congestion and traffic jams around the medical treatment facility (MTF) can result; or, if the area selected does not have proper drainage, heavy rains may cause flooding in the unit and treatment areas. The MTF established by the DSMC should not be placed near high-value Level I threat targets, hazardous materials (such as POL and ammunition), or storage areas and motor pools. The selected site is cleared of mines, booby traps, and NBC hazards. The selected site is not located near potential areas of filth such as a garbage dump, landfill, or

other waste disposal site. The site is at least 2.2 kilometers from breeding sites of flies and mosquitoes and 2.2 kilometers from native habitation when possible. There are additional factors to consider when selecting the site for establishing a DSMC.

Commander's Plan and Mission

7-11. The specifics of the operation plan (OPLAN), the manner in which it will be executed, and the assigned mission can affect the selection of a site. The requirements for an area that is only to be used for a short period of time can differ significantly from an area which is expected to be used on an extended basis. For example, if the DSMC's mission requires that it relocate several times a day, complete treatment and holding areas will not be established; only essential services, shelters, and equipment will be used. On the other hand, if it is anticipated that the unit will be located at one site for an extended period of time, buildings or preestablished shelters, if available, may be used

Routes of Evacuation and Accessibility

7-12. Although air ambulance evacuation is the primary and preferred method in the medical evacuation system, ground ambulances are also required and used. The DSMC's clearing station must be situated so that it is accessible from a number of different directions and/or areas. It should be situated near and be accessible to main road networks, but not placed near lucrative targets of opportunity. The site should not be so secluded that incoming ambulances have difficulties in locating the MTF. See FM 4-02.55 (8-55) for evacuation time on planning factors.

Expected Areas of Patient Density

7-13. To ensure the timely delivery of CHS, the clearing station must be located in the vicinity proximate to the supported units. Without proximity to the areas of patient density, the evacuation routes will be unnecessarily long, resulting in delays in both treatment and evacuation. The longer the distance that must be traveled, the longer it takes for the patient to reach the next echelon of care. Further, this time delay reduces the number of ambulances available for medical evacuation support.

Hardstand, Drainage, Obstacles, and Space

7-14. The site should provide good drainage during inclement weather. Care must be taken to ensure that the site selected is not in or near a dry river or stream bed, has drainage that slopes away from the MTF location and not through the operational area, and that there are not any areas where water can pool. The ground, in the selected area, should be of a hard composition that is not likely to become marshy or excessively muddy during inclement weather or temperature changes. This is particularly true in extreme cold weather operations where the ground is frozen at night and begins

to thaw and become marshy during daylight hours. Further, the area must be able to withstand a heavy traffic flow of incoming and departing ambulances in various types of weather. The area selected should be free of major obstacles that will adversely impact on the unit layout (such as disrupting the traffic pattern), cause difficulties in erecting shelters (overly rocky soil), or require extensive preparation of the area before the MTF can be established. The optimal land space required for the DSMC is approximately 500 meters by 500 meters, equaling 2,500 square meters, or .5 kilometers by .5 kilometers. This 2,500 square meters includes the helipad and motor pool parking requirements. The actual space allocated to the DSMC will be based on METT-TC and the amount of space available to the DSB. The site should provide adequate space for establishment of all unit elements including possible augmentation. It must be adequate in size to accommodate dispersion of unit assets according to the TSOP. While considering all the factors of site selection, remember that terrain can impede the communications systems. Outside of the perimeter, sites that are large enough to provide an area for patient decontamination should be identified. The specific site selected to establish the decontamination station must be downwind of the unit and treatment areas (see FM 8-10-7). For definitive information on site selection criterias pertaining to hardstand, drainage, obstacles, and space see FM 4-02.20 (8-10-1).

Establishment of the Company Headquarters

7-15. The company headquarters must ensure that communication is established with the units within the DSB and DSA. All security precautions and requirements must be met according to DSB and DSA operating procedures. Only essential equipment is set up to support the medical company operations. If the failure to camouflage endangers or compromises tactical operations, the camouflage of the MTF may be ordered by a North Atlantic Treaty Organization (NATO) commander of at least brigade level or equivalent. Dispersion of tents and equipment is accomplished to the maximum extent possible. A controlled entry into the DSMC area is established.

7-16. North Atlantic Treaty Organization STANAG 2931 (Edition 1) provides for camouflage of the Geneva emblem and/or the red crescent on medical facilities where the lack of camouflage might compromise tactical operations. The STANAG defines “medical facilities” as medical units, medical vehicles, and medical aircraft on the ground. Medical aircraft in the air must display the distinctive Geneva emblem. Camouflage of the red cross means covering it up or taking it down. The black cross on an olive background is not a recognized emblem of the Geneva Conventions. The command element supervises the establishment of the company. The commander monitors all elements as the company sets up. He ensures the DSMC is established according to the unit layout and the TSOP. The field medical assistant/XO and the 1SG assist the

company commander. The field medical assistant/XO supervises and monitors the establishment of the company area for compliance with DSB TSOP and DISCOM guidance. The field medical assistant/XO coordinates with supporting units/elements for short- and long-term support requirements. Both the commander and field medical assistant/XO should interface with supported units as soon as possible. This interface includes:

- Combat health support requirements (displacement of ambulance and treatment teams to remote sites in support of units within the company's area of operations [AO]).
- Sick call operations.
- Medical evacuation support and procedures.
- Dental sick call.
- Mass casualty plan.
- Nuclear, biological, and chemical patient decontamination support.
- Preventive medicine.
- Combat stress control (CSC).
- Medical threat.
- Return-to-duty (RTD) policies/procedures.
- Class VIII resupply.

Area Damage Control

7-17. When NBC patient decontamination support is required, the supported units are responsible for providing eight nonmedical personnel to perform patient decontamination (under medical supervision). This is accomplished according to FMs 3-11.5 (3-5), FM 4-02.7 (8-10-7), and FM 4-02.285 (8-285). The non-medical personnel are identified and trained on patient decontamination procedures, ideally prior to deployment, with medical company personnel. Additional personnel from the base cluster may be trained to transport patients by litter. All Echelon II medical companies are authorized three chemical patient treatment and two patient decontamination medical equipment sets (MESs). Each patient chemical treatment MES is stocked with enough supplies to treat 30 patients. Each patient decontamination MES is stocked with enough supplies to decontaminate 60 patients.

7-18. The 1SG focuses his attention toward ensuring all unit security requirements are accomplished. The 1SG supervises the establishment of the company headquarters and the troop billeting areas and monitors field sanitation team activities. The operations element assists in establishing the company headquarters. The NBC noncommissioned officer (NCO) supervises the company NBC team by monitoring its activities and use of unit NBC-monitoring equipment. He coordinates with the base cluster operations center (BCOC) and monitors the placement of early

warning devices for the detection of chemical agents. He supervises and monitors unit personnel for compliance with correct wear of mission-oriented protective posture (MOPP) clothing and equipment according to the current MOPP level and TSOP. The NBC NCO coordinates with veterinary services in cases of possible NBC contamination of food.

7-19. Unit communications personnel set up communications equipment and establish the NCS for the company. They establish contact with the battalion headquarters and with supporting and supported units. They establish the DSMC net control for company assets. Communications personnel establish the internal wire communications net. They connect to the MSE area system at the wire subscriber access point operated by area support signal element.

7-20. The supply element establishes both the unit and medical supply area. They ensure all supplies are secured, properly stored, and protected from the environment. They establish the unit POL and water points. The supply element supports the company during establishment and provides additional items such as sandbags, tent pegs, and other standard equipment normally associated with establishing the company.

TREATMENT PLATOON

7-21. The treatment platoon operates the DSMC clearing station. It receives, triages, treats, and determines the disposition of patients based upon their medical condition. This platoon provides professional services in the areas of minor surgery, internal medicine, general medicine, and general dentistry. In addition, it provides basic diagnostic laboratory and radiological services and patient holding support. The treatment platoon is composed of a platoon headquarters, an area support section, and a treatment section. For communications, the platoon employs a total of seven tactical radios.

Platoon Headquarters

7-22. The headquarters element directs, coordinates, and supervises platoon operations. The headquarters element directs the activities of the DSMC's clearing station and monitors Class VIII supplies, blood usage and inventory levels, and keeps the commander informed. The headquarters element is responsible for the management of platoon operations, operations security (OPSEC), communications, administration, organizational training, supply transportation, patient accountability, statistical reporting functions, and coordination for patient evacuation. The treatment platoon headquarters is responsible for:

- Supervising the treatment platoon support activities.
- Coordinating the movement of treatment squads within the DSMC’s area of responsibility.

- Accomplishing the logistics functions for the platoon.

Treatment Section

7-23. The treatment section contains two treatment squads, which provide emergency and routine sick call treatment to soldiers assigned to supported units. These squads can perform their functions while located in the company area, or they can operate independently of the DSMC for limited periods of time. Each squad has the capability to split and operate as separate treatment teams (Teams A and B) for limited periods of time. While operating in these separate modes, they may operate up to four treatment stations. They can be assigned to reinforce or reconstitute similar treatment squads.

Area Support Section

7-24. The area support section of the treatment platoon is composed of an area treatment squad, an area support squad, and a patient-holding squad. These squads form the division clearing station (Echelon II MTF). The area support treatment squad provides trauma care and routine sick call care to personnel assigned to units located in the DSA and division rear areas. The area support squad provides emergency dental services, limited laboratory and radiological services, and blood support commensurate with Echelon II treatment facilities. The patient-holding squad provides up to 40 cots for patients requiring minimal treatment. Patients held in the patient-holding cots are those who are expected to be RTD within 72 hours from the time they are held for treatment. Elements of this section are not used to reinforce or reconstitute other medical units. Also, they are not normally used on the area damage control team.

Area Support Treatment Squad

7-25. The area support treatment squad is the base medical treatment element of a clearing station. It provides sick call services and initial resuscitative treatment (advanced trauma management [ATM] and emergency medical treatment [EMT]) for supported units. For communications, the squad employs FM radios and is deployed in the DSMC's radio and wires communications nets.

Area Support Squad

7-26. The area support squad includes the dental and diagnostic support elements of the clearing station. The diagnostic element is composed of a medical laboratory and has field x-ray capability. It provides for basic services commensurate with Echelon II medical treatment. The area support squad is typically staffed with a dental officer, a dental specialist, a medical laboratory specialist, and a x-ray specialist. The dental officer supervises the activities of the area support squad.

Dental Element

7-27. The dental element provides emergency dental care (to include treatment of minor maxillofacial injuries), general dental care (designed to prevent or intercept potential dental emergencies), limited preventive dentistry, consultation services, and dental x-ray services.

Medical Laboratory Element

7-28. The medical laboratory element performs clinical laboratory and blood banking procedures to aid physicians and physician assistants (PAs) in the diagnosis, treatment, and prevention of diseases. Laboratory functions include performing elementary laboratory procedures consistent with the Echelon II laboratory MES. This element is responsible for:

- Storing and issuing blood (liquid red blood cells).
- Performing hematocrit procedures.
- Performing/estimating total white blood cell count and differential white blood count procedures.
- Performing urinalysis (macroscopic and microscopic) and occult blood procedures.
- Conducting Gram's stain of clinical specimen procedures.
- Collecting and processing clinical specimens for shipment.
- Performing platelet estimates.
- Performing thick and thin smears for malaria.
- Maintaining the blood inventory status.

X-ray Element

7-29. The x-ray element operates radiological equipment consistent with the Echelon II x-ray MES. This element performs routine clinical x-ray procedures to aid physicians and PAs in the diagnosis and treatment of patients.

7-30. Specific functions performed by this element include:

- Interpreting physicians' orders, applying radiation and electrical protective measures, operating and maintaining fixed and portable x-ray equipment, and taking x-rays of the extremities, chest, trunk, and skull.
- Performing manual and automatic radiographic film processing (darkroom) procedures.
- Assembling x-ray film files for patients remaining within the corps, or arranging for such film to accompany those patients who are evacuated to corps hospitals.
- Assisting the NBC NCO with radiological monitoring, surveying, and documentation procedures.
- Serving on the radiological monitoring and surveying team.

- Operating and maintaining the assigned power generator.

Patient-Holding Squad

7-31. The patient-holding squad operates the holding ward facility of the division clearing station. The holding ward is staffed and equipped to provide care for up to 40 patients. Normally, only those patients awaiting evacuation or those requiring treatment of minor illness or injuries are placed in the patient-holding area. Neuropsychiatric (NP) patients and battle fatigue (BF)/stress related casualties, who are expected to be RTD within 72 hours, may also be placed in the patient-holding area. The patient-holding squad works under the direct supervision of a physician or PA. The medical-surgical nurse assigned to the patient holding squad provides nursing care supervision. Since Echelon II facilities such as the DSMC do not have an admission capability, patients may only be held at this facility and are not counted as hospital admissions. If recovery (RTD) is not expected within 72 hours, the patients are sent to a corps hospital for admission.

Employment of the Treatment Platoon

7-32. The treatment platoon establishes its elements using the DSMC layout. Platoon personnel set up patient treatment and holding areas. Some platoon personnel are detailed, as necessary, to assist with unit security and other unit activities associated with establishing and conducting company operations. Treatment section personnel assist the platoon with establishing the clearing section and preparing for further deployment of treatment teams according to the operation orders (OPORDs)/OPLANs. The platoon headquarters element supervises the establishing of platoon operations. The platoon leader directs setup operations and supervises the displacement of treatment squads/teams, when necessary. The field medical assistant assists the platoon leader in supervising establishment operations and coordinates the displacement of treatment squads/teams with company headquarters and supported units. He ensures all platoon elements perform PMCS on their assigned equipment and reports any deficiencies that are not correctable to the platoon leader, who reports them to the company commander. The treatment platoon sergeant is responsible for assisting the platoon leader and field medical assistant with establishing platoon operations. He ensures that the platoon treatment elements are established according to the DSMC layout and the TSOP. He supports the 1SG by providing platoon personnel to assist with security establishment and other operational activities of the company headquarters.

7-33. The area support section establishes all treatment areas as directed by the treatment platoon leader. A treatment team from the treatment section is tasked with providing medical support for the company until the clearing station is established. The area support section is also tasked with clearing and marking helicopter landing areas and the ambulance turnaround point.

7-34. The clearing station is established according to the unit layout and the company TSOP. Attached corps medical units normally establish in the vicinity of the clearing station. The clearing station maintains its integrity at all times. For suggested layout for the clearing station, see FMs 4-02.20 (8-10-1) and FM 4-02.24 (8-10-24). The area support squad establishes its patient treatment areas according to the layout and the TSOP. The dental treatment facility is established adjacent to the clearing station. The dental officer supervises the placement of dental supplies and equipment within the dental treatment area. The laboratory element is normally established within the clearing station area. Precautions for operating radiological equipment must be observed. Radiation hazard areas adjacent to the x-ray facility must be clearly marked and blocked so company personnel are prevented from crossing. The patient-holding squad sets up the patient-holding area. The patient-holding area is normally adjacent to the clearing station. The treatment platoon leader based on the commander's guidance, troop concentration, and casualty estimates determines the number of cots set up. If the commander directs that only 20 cots are to be set up, this may dictate that only one general purpose large tent be erected. In the vicinity near a patient-holding area, a water point (lister bag or collapsible fabric drums), a latrine, and a handwashing area should be established for the convenience of those patients being held at this facility. Field surgeons direct the activities of the two treatment squads. They identify the treatment team tasked with providing medical support for the DSMC during movement and establishment operations. Personnel assigned to this section are involved in assisting with establishment of the medical platoon area and/or preparing for further deployment when required.

AMBULANCE PLATOON

7-35. The ambulance platoon performs ground evacuation and en route patient care for supported units. The ambulance platoon consists of a platoon headquarters, five ambulance squads, one high-mobility multipurpose wheeled vehicle (HMMWV) control vehicle, and ten HMMWV ambulances.

Ambulance Platoon Headquarters

7-36. The ambulance platoon headquarters element provides C2 for ambulance platoon operations. It maintains communications to direct ground ambulance evacuation of patients. It provides ground ambulance evacuation support for units receiving area support from the DSMC to the company’s treatment squad locations (MTF) or to the division clearing station. Further evacuation to corps hospitals is the responsibility of the medical evacuation battalion’s ground or air ambulances. Personnel assigned to the ambulance platoon headquarters include the platoon leader and platoon sergeant. The ambulance platoon headquarters element directs and coordinates ground evacuation of patients within the DSMC's area of

responsibility. This element supervises the platoon and plans for its employment. It establishes and maintains contact with supported units and treatment squads of the DSMC. The headquarters element makes route reconnaissance and develops and issues map overlays. It also coordinates and establishes ambulance exchange points (AXPs) for both air and ground ambulances as required.

Ambulance Squads

7-37. The ambulance squads provide ground evacuation of patients from units and organic treatment squads/teams (aid stations) located within the DSA and division rear areas. The ambulance squads consist of five aide/evacuation NCOs and fifteen aide/drivers. Ambulance squad personnel perform EMT, evacuate patients, and provide for their continued care en route. They also operate and maintain assigned radios. Ambulance squad personnel provide EMT necessary to prepare patients for movement and provide en route care. They operate vehicles to evacuate the sick and wounded and perform PMCS on ambulances and associated equipment. Ambulance squad personnel maintain supply levels for the ambulance MES. They ensure that appropriate property exchange of medical items (such as litters and blankets) is made at sending and receiving MTFs (Army only). They also maintain contact with supported units and update maps and overlays as necessary.

Employment of the Ambulance Platoon

7-38. The DSMCs ambulance platoon locates with the treatment platoon for mutual support. The ambulance platoon is mobile because all of its assets may be totally dispatched at any given time. Each of its ambulance teams carry an on-board MES designed for medical emergencies and en route care. Ambulances deploy within the DSA and division rear area with treatment squads/teams of the DSMC as they establish treatment station operations. The ambulance platoon leader and platoon sergeant should begin reconnaissance of the area of support to establish primary and alternate evacuations routes, to verify locations of supported units, and to field site ambulance teams as necessary. The platoon leader and platoon sergeant coordinate support requirements with supported units for ambulance platoons placed in DS. Ambulance platoon personnel obtain appropriate dispatch and road clearances prior to departing company or supported unit areas. The platoon leader ensures map overlays are provided to platoon personnel when required. If time and fuel permit, the platoon leader or platoon sergeant may take ambulance drivers on a rehearsal of the evacuation routes. The platoon leader/sergeant coordinates/establishes AXPs as required by the medical evacuation mission. Ambulance platoon personnel assist with establishment of the DSMC and provide available personnel as tasked by the 1SG.

Mental Health Section

7-39. The DSMC's MH section is the medical element with primary responsibility for assisting units in the DSA and division rear area to control combat stress. In the division, combat stress is controlled through vigorous prevention, consultation, and restoration programs. These programs are designed to maximize the RTD rate of BF soldiers by identifying combat stress reactions and providing rest/restoration within or near their unit areas. Also, the prevention of post-traumatic stress disorders is an important objective in both division and corps CSC programs. Under the direction of the division/DSMC psychiatrist, the MH sections of the DSMC and forward support medical companies (FSMCs) provide MH/CSC services throughout the division. The division MH section is assigned to the DSMC. Also, each FSMC has a MH section. The division psychiatrist has staff responsibility for establishing policy and guidance for the prevention, diagnosis, and management of NP, BF, and misconduct stress behavior cases seen by division health care providers and the MH sections assigned to the division. He also has technical responsibility for the psychological aspect of surety programs. He provides and oversees MH and stress control training for unit leaders and their staffs, chaplains, medical personnel, and troops. Through the DSMC and FSMCs MH sections, the division psychiatrist monitors morale, cohesion, and mental fitness of supported units. He has technical control over all MH personnel assigned to the division and provides guidance as required for the successful accomplishment of their responsibilities. These responsibilities include:

- Providing command consultation and making recommendations for reducing stressors.
- Evaluating NP, BF, and misconduct stress behavior cases.
- Providing consultation and triage, as requested, for patients exhibiting signs of combat stress reactions or mental disorders.
- Providing selective short-term restoration for hold category BF cases.
- Coordinating support activities with the medical company and detachment and CSC elements, when attached or in support of the division.

Mental Health Support

7-40. The DSMC commander and the division psychiatrist monitor and prioritize MH support missions in coordination with the division surgeon's section (DSS) and DSB support operations section.

Mental Health Section Staff

7-41. The dispersion of multidisciplinary MH professionals throughout the division ensures that expertise is present for:

- Training and supervising the MH specialists.
- Providing staff input to supported commands.
- Providing clinical evaluation and appropriate treatment or referral for all NP and problematic BF cases.
- Providing a MH professional for interface with supported brigades, groups, and corps resources.
- Providing rapid assistance with critical incident/ events debriefing for the DSMC's area of responsibility.

Mental Health Section Employment

7-42. The DSS, DSB, and FSB support operations sections, based on input from the division psychiatrist DSMC, and FSMC commanders, prioritize MH support missions. The division psychiatrist is assigned to the DSMC and is the MH section leader. The psychiatrist is also a working physician who applies the knowledge and principles of psychiatry and medicine in the treatment of all patients. He examines, diagnoses, and treats, or recommends courses of treatment, for personnel suffering from emotional or mental illness, situational maladjustment, combat stress reaction, battle fatigue (BF), and misconduct stress behaviors. His areas of responsibility include:

- Implementing CSC support according to the battalion's area CHS plan.
- Coordinating and conducting MH/CSC operations.
- Providing staff consultation for the division surgeon, DSMC commander, and for supported commands within the division. This includes the personnel reliability program, security clearances, and the alcohol and drug abuse prevention and control programs.
- Training and mentoring division medical and MH personnel in neurological and mental status examinations and differential diagnosis of stress and psychiatric disorders from general medical/surgical conditions.
- Diagnosing, treating, and determining disposition of neuropsychiatric, BF, and misconduct stress behavior cases.
- Participating in the diagnosis and treatment of the sick, injured, and wounded, especially of those who can RTD quickly.
- Providing consultation and training to unit leaders, chaplains, and medical personnel regarding identification and management of BF (combat stress reaction), misconduct stress behaviors, and NP disorders.
- Providing therapy or referral for soldiers with NP conditions.
- Providing supervision and training of assigned and attached MH and CSC personnel.

- Coordinating with the supporting CSC medical detachment for additional MH support, as required.

7-43. Personnel assigned to the mental health section assist the division psychiatrist with the accomplishment of his duties. They may perform as CSC coordinators for selected units in the division rear. Their specific duties include:

- Keeping the division psychiatrist informed on the status of the MH sections and on the mental fitness of soldiers supported in the DSA and division rear area.
- Assisting the psychiatrist with facilitating and coordinating training activities of the division MH personnel.
- Monitoring situation reports from the MH sections of the FSMCs.
- Conducting initial screening evaluations of patients.
- The MH section personnel may also assist with and provide CSC training to:
- Small unit leaders.
- Unit ministry teams and staff chaplains.
- Battalion medical platoons.
- Patient-holding squad and treatment squad personnel of the DSMC.

MEDICAL EQUIPMENT MAINTENANCE

7-44. The medical equipment repairer provides unit-level medical equipment maintenance for the division. He exercises his responsibilities by:

- Scheduling and performing PMCS.
- Performing electrical safety inspections and tests.
- Accomplishing calibration, verification, and certification services.
- Performing unscheduled maintenance functions with emphasis upon the replacement of assemblies, modules, and printed circuit boards.
- Operating a medical equipment repair parts program to include Class VIII as well as other commodity class parts.
- Maintaining a technical library of operator and maintenance technical manuals (TMs) and/or associated manufacturers' manuals.
- Conducting inspections for new or transferred equipment.
- Maintaining documentation of maintenance functions according to the provisions of Technical Bulletin (TB) 38-750-2 or DA standard automated system.
- Collecting and reporting data for readiness reportable medical equipment in accordance with AR 700-138.

- Notifying the MEDLOG battalion of requirements for maintenance support services, repairable exchange, or replacement from operational readiness float (ORF) assets.

7-45. Mandatory parts lists (MPLs) and prescribed load lists (PLLs) need to be monitored routinely. An MPL to support medical equipment is published annually in the SB 8-75 Series. Most medical equipment repair parts can be requisitioned through the Class VIII system; however, some repair parts are needed to repair medical equipment that fall in the category of Class IX repair parts (that is, common fasteners, electrical components, and others). Requisitions for Class IX repair parts are sent through the organization's supporting motor pool and require stringent monitoring and follow-up efforts. Special considerations for medical repair parts are explained in AR 40-61.

Preventive Medicine Section

7-46. The PVNTMED section helps commanders implement PVNTMED measures (PMM) that protect division personnel against food, water, and vector-borne diseases, as well as environmental injuries (for example, heat and cold injuries). Lessons learned from past conflicts have shown that more soldiers have been rendered noneffective from DNBIs than from injuries received as a direct result of combat. Often the victor in battle has been the force with the healthiest and fittest troops. Consequently, PVNTMED operations are characterized by preemptive actions, increased soldier and commander involvement, and priority to combat units. To accomplish this, the DSMC PVNTMED section will focus its support to specific areas of troop concentrations within the DSA and division rear areas which is it assigned area of responsibility. Its missions are monitored according to the division CHS plan and coordinated as appropriate by the PVNTMED officer in the DSS. The DSS PVNTMED officer provides technical oversight for all PVNTMED activities in the division. The environmental science officer assigned to the DSMC is the senior environmental science officer in the division. He mentors and provides technical consultation on PVNTMED operations to the environmental science officers assigned to PVNTMED sections of the FSMCs. Taskings for this section will be provided by the DSS through the DSB HSSO. The PVNTMED section provides advice and consultation in the areas of environmental sanitation, epidemiology, and entomology, as well as limited sanitary engineering services and pest management. When PVNTMED missions exceed the capability of the PVNTMED section, request for corps PVNTMED support is submitted from the DSB HSSO through the DISCOM medical operations branch, to the DSS (PVNTMED cell). Corps PVNTMED support is normally provided by the corps medical detachment, PVNTMED. Additional information pertaining to PVNTMED staff and specific functions is discussed in FM 4-02 (8-10).

Preventive Medicine Section Employment

7-47. Preventive medicine activities begin prior to deployment to minimize DNBIs. Actions taken include:

- Ensuring command awareness of potential medical threats and implementation of appropriate protective measures.
- Ensuring the deployment of a healthy and fit force.
- Monitoring the command's immunization status (see AR 40-562).
- Monitoring the status of individual and small unit PMM (see FM 4-25.10 (21-10) and FM 21-10-1).
- Monitoring PMM against heat and cold injuries and food-, water-, and arthropod-borne diseases (see FM 8-33 and FM 8-250, TM 5-632, TB Meds 81, 507, 530, and 577).
- Perform environmental sampling and or analysis on air, water, soil to assess for any health-related impact.
- Ensuring training in PMM which will assist in countering the medical threat.
- Monitoring the use of prophylaxis such as anti-malarial tablets.
- Ensuring adequate unit field sanitation supplies.
- The DSS PVNTMED officer, DSMC commander, and environmental science officers must be proactive and initiate action on presumptive information to reduce the medical threat early. They cannot wait until the incapacitation of troops occurs before taking action, for example:
- If mosquito-borne diseases are endemic to troop assembly areas, and known or suspected vectors are present, mosquito control efforts should be initiated.
- Inadequate sanitation practices must be corrected before the first case of enteric disease appears.
- Establishment of bivouac locations on sites that are contaminated with industrial chemicals.

7-48. It should be anticipated:

- That sanitation breakdowns will occur while troops are still in debarkation assembly areas.
- That soldiers are at risk for arthropods transmitted diseases upon entry to the AO.
- Lack of or delay in implementing preemptive actions can significantly impact on the deployment forces ability to accomplish its assigned mission. Refer to FM8-250, FM 4-25.10 (21-10), and FM 21-1-1 for additional information.

7-49. The PVNTMED section sets up near the DSMC CP. Predeployment activities are concluded or integrated into the PVNTMED support operations. Preventive medicine support

operations are prioritized based on the mission, medical threat, assessment of data collected (through monitoring, inspecting, and reporting observations), taskings from the DSS PVNTMED officer, or requests for PVNTMED support. Preventive medicine section operations and activities may include:

- Assisting the DSMC commander and staff to prepare the CHS estimates by identifying the medical threat.
- Assisting the DSMC commander in determining disease prevalence in the AO.
- Assisting the DSMC commander in assessing the health status of unit soldiers.
- Conducting surveillance of supported units to ensure implementation of PMM at all levels and to identify actual or potential medical threats and recommending corrective action as required.
- Assisting supported units by providing training in PMM against heat and cold injuries and occupational hazards, as well as food, water, and arthropodborne diseases.
- Monitoring field food service operations to prevent foodborne diseases and illnesses.
- Monitoring the command immunization program.
- Monitoring the health-related aspects of water and ice production, distribution, and consumption.
- Monitoring disease and injury incidence to optimize early recognition of disease trends and initiation of preemptive disease suppression measures.
- Conducting epidemiological investigations of disease outbreaks and recommending PMM to minimize effects.
- Monitoring the level of resupply of disease prevention and related supplies and equipment, including water disinfectants, insect repellents, and pesticides, for the supported AO.
- Conducting limited entomological investigations and control measures.
- Monitoring the animal bite program to prevent the transmission of rabies to soldiers.
- Monitoring environmental and meteorological conditions to assess their health-related impact on supported unit operations and recommending PMM to minimize heat and cold injuries, as well as selected arthropodborne diseases.
- Assessing the effectiveness of field sanitation teams.

7-50. Supported units can request PVNTMED support through command channels or request support from the DSS, the DISCOM medical operations branch, FSB support operations section, or DSMCs. When requests are received by the DSMCs, the DSB headquarters is notified of the requests. The HSSO of the FSB

support operations section and DSS PVNTMED officer coordinate missions for either requested or preemptive actions. To avoid health and environmental problems historically encountered by deploying troops, it is imperative that PVNTMED assets be deployed in advance of the main body/forces.

Optometry Section

7-51. The optometry section provides:

- Optometry services, including routine vision evaluation and refractions.
- Evaluation and management of ocular injuries and diseases.
- Spectacle frame assembly using presurfaced single-vision lenses.
- Spectacle repair services for units within the division.

7-52. The two optometrists assigned to this section independently conduct examinations of the eyes using optometric procedures, instruments, and pharmaceuticals as required. They are responsible for:

- Performing eye examinations and prescribing corrective lenses.
- Managing ocular diseases and injuries according to medical protocols (established by the division surgeon /credentialing committee of the home station medical department activity (MEDDAC).
- Planning and directing the activities of the optometry section.
- Examining, evaluating, and referring laser-induced injuries for further ophthalmologic care as appropriate.
- Provide clinical statistical input through the DSB to the DSS according to TSOP.
- Advising commanders on all maters relating to vision, to include protective eyewear (ballistic and laser protection.

Optometry Section Employment

7-53. The optometry section normally establishes operations near a DSMC clearing station. Patients seen by this section are normally referred from units and MTFs within the division. The section can form two teams with the capability of projecting optometry services into areas of large troop concentrations. All eyewear fabrications or repairs beyond the scope of the DSMC optometry section are sent to the supporting MEDLOG battalion.